CAROMONT HEALTH & FITNESS CENTER
GOLF FITNESS PROGRAM
Informed Consent and Release of Liability

The Golf Fitness Program being offered by the CaroMont Health & Fitness Center (CHFC) is an exercise program designed to enhance an individual's ability to swing a golf club more efficiently. In order to do this, I may be engaged in various exercises to improve muscular strength, endurance, flexibility, power, and balance. The Golf Fitness Program involves, among other things, some resistance strength exercises performed on a stability ball and on the floor. Physical requirements of the Program include: the ability to get up and down from the floor as well as some balance and agility. I may also be engaged in cardiovascular exercise, such as walking, cycling, rowing, or other modalities, at some time during the program.

By participating in this program, I understand and accept that I may experience adverse changes and risks including, but not limited to: abnormal blood pressure; fainting; disorders of heart rhythm; musculoskeletal and orthopedic injuries; and in rare instances heart attack, stroke, or even death. I also understand I should consult my physician before beginning any type of exercise program, including this Program.

In consideration of CHFC offering the Golf Fitness Program, in which I choose to voluntarily participate, I hereby release and discharge CHFC and its respective partners, employees, successors, and assigns from and against any and all losses, costs, damages, expenses, liabilities, claims, demands, actions, or causes of action whatsoever, arising out of, related to, or resulting from any loss, or property damage, or personal injury of any kind, nature, or description, including, but not limited to, death, that may arise or be sustained, suffered or incurred by me, during or related to, or resulting from my participation in The Golf Fitness Program. This release shall be binding upon my heirs, administrators, executors and assigns.

By signing this release, I attest that; I am in good physical condition and assume all risks associated with my participation in the golf fitness program; I am aware that I should consult my physician before participating in this Program; and that I have had an opportunity to ask CHFC questions about the Golf Fitness Program. Further, I agree that any questions I have asked CHFC about the Program have been answered to my complete satisfaction.

Participant Name _____ Date _____
please print

Participant Signature _____ Witnessed by _____

I give permission to CHFC to publicly use any video and/or photos of me or my golf swing, as well as any testimonials I make, for the purpose of promoting and marketing of the golf fitness program and/or educational instruction of muscle imbalance and swing faults, and/or swing comparison.

☐ Agree ☐ Deny

Participant Name _____ Date _____

SCREEN QUESTIONNAIRE

Name _____ ☐ Male ☐ Female

DOB _____ Age _____ Height _____ Weight _____

Address _____

Phone _____ Email _____

Emergency Contact _____ Phone _____

Occupation _____

Handicap/average score _____ How many days/week do you play? _____

Do you have any current injuries, discomfort or pain? ☐ Yes ☐ No

If yes, please specify _____

_____

_____

Is the injury/pain aggravated by playing? ☐ Yes ☐ No

Have you had any previous injuries? ☐ Yes ☐ No

If yes, please specify _____

_____

_____

Have you had any orthopedic surgeries (e.g. knee/hip replacement)? ☐ Yes ☐ No

If yes, please specify _____

Do you have:

☐ History of heart disease
☐ Diabetes
☐ Chest pain/discomfort
☐ High Blood Pressure
☐ Arthritis
☐ Respiratory Disorder
☐ Any other medical condition(s)

_____

_____

Do you currently do any type of exercise? ☐ Yes ☐ No

If yes, please specify _____

_____

Please list any exercise equipment you have access to:

_____

_____

Are you currently working with a Pro? ☐ Yes ☐ No

Name of Pro _____

Email _____